

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091666 388
APPLICANT(S)

FILING DATE
9-20-00

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	/			
2	/			
3	/			
4	/			
5	/			
6	/			
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50				
TOTAL IND.	3			
TOTAL DEP.	10	↓	↓	↓
TOTAL CLAIMS	13	↓	↓	↓

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IND.	DEP.	IND.	DEP.	IND.
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100				
TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS		↓	↓	↓